

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09 38/508		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51		
2		1		1			52		
3		2		1			53		
4		2		1			54		
5		2		1			55		
6		0		1			56		
7	1		1				57		
8		1		1			58		
9		2		1			59		
10	1		1				60		
11	1		1				61		
12		1		1			62		
13		2		1			63		
14	1		1				64		
15	1		1				65		
16							66		
17							67		
18							68		
19							69		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	6		6				TOTAL IND.		
TOTAL DEP.	14		9				TOTAL DEP.		
TOTAL CLAIMS	20		15				TOTAL CLAIMS		